

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Anthony Watson Mailing Address c/o 55 Water St. City State Zip Code New York NY 10041 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Health Insurance Plan of NY Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt MM / DD / YYYY 06 / 26 / 2007 <b>Transaction ID:</b> SA11A1.4938 Amount of Each Receipt this Period 2000.00
<b>B.</b> Full Name (Last, First, Middle Initial) John White Mailing Address 360 Shore Rd. Apt. 9G City State Zip Code Long Beach NY 11561 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HIP Health Plan of NY Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 04 / 2007 <b>Transaction ID:</b> SA11A1.4750 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Marc S. Wolfert Mailing Address 400 9th St. Apt W5G City State Zip Code Hoboken NJ 07030 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HIP Health Plan of NY Occupation Health Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 21 / 2007 <b>Transaction ID:</b> SA11A1.4780 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....